

PLAYER HANDBOOK

2013 ESF 8 FUNCTIONAL EXERCISE

Final: April 9, 2013



FOR OFFICIAL USE ONLY

Player Handbook

March 14, 2013

PREFACE

The 2013 ESF 8 Functional Exercise is sponsored by The Louisiana Department of Health and Hospitals (DHH). This Player Handbook was produced with input, advice, and assistance from the ESF 8 Exercise Planning Team, which followed guidance set forth in the U.S. Department of Homeland Security (DHS) Homeland Security Exercise and Evaluation Program (HSEEP).

This handbook is intended for distribution to other ESF participants that are providing supporting roles for some of the scenarios. The purpose is to give these participants a general description of the overall exercise and the specific scenarios in which they play a role. It is not intended for general distribution to other players. It may also be provided to exercise observers on a case-by-case basis.

This handbook gives officials, observers, and players from participating organizations information they need to observe or participate in a hurricane response exercise that focuses on participants' emergency response plans, policies, and procedures as they pertain to mass casualties. The information in this document is current at the date of publication, March 4, 2013, and is subject to change as dictated by the ESF-8 Exercise Planning Team.

The 2013 ESF 8 Functional Exercise is an unclassified exercise. Control of exercise information is based on public sensitivity regarding the nature of the exercise rather than the actual exercise content. Some exercise material is intended for the exclusive use of exercise planners, facilitators, and evaluators, but players may view other materials that are necessary to their performance. All exercise participants may view the handbook.

All exercise participants should use appropriate guidelines to ensure proper control of information within their areas of expertise and protect this material in accordance with current jurisdictional directives. Public release of exercise materials to third parties is at the discretion of the Exercise Planning Team.

HANDLING INSTRUCTIONS

1. The title of this document is “2013 ESF 8 Functional Exercise Player Handbook” (Handbook)
2. Information gathered in this handbook is designated as For Official Use Only (FOUO) and should be handled as sensitive information that is not to be disclosed. This document should be safeguarded, handled, transmitted, and stored in accordance with appropriate security directives. Reproduction of this document, in whole or in part, without prior approval from the Department of Health & Hospitals is prohibited.
3. At a minimum, the attached materials will be disseminated strictly on a need-to-know basis and, when unattended, will be stored in a locked container or area that offers sufficient protection against theft, compromise, inadvertent access, and unauthorized disclosure.
4. For more information about the exercise, please consult the following points of contact (POCs):

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Introduction

The 2013 ESF 8 Functional Exercise is designed to establish a learning environment for players to exercise emergency response plans, policies, and procedures as they pertain to certain key ESF 8 operations, including facility support, data cell operations, hospital and nursing home patient evacuation, cemetery disruptions and other scenarios. This exercise is a complex event that requires detailed planning. To ensure an effective exercise, subject matter experts (SMEs) and representatives from numerous stakeholder groups have taken part in the planning process and will take part in exercise conduct and evaluation.

This Player Handbook (Handbook) was produced at the direction of the Exercise Director with input, advice, and assistance from the ESF-8 Exercise Planning Team. This exercise is evidence of the growing public safety partnership between State and local jurisdictions regarding the response to the threat of mass casualty incidents that our Nation and communities face.

Purpose

The purpose of this exercise is to evaluate player actions against current response plans, systems, protocols, and capabilities for a significant statewide event and/or incident.

Target Capabilities

The National Planning Scenarios and establishment of the National Preparedness Priorities have steered the focus of homeland security toward a capabilities-based planning approach. Capabilities-based planning focuses on planning under uncertainty because the next danger or disaster can never be forecast with complete accuracy. Therefore, capabilities-based planning takes an all-hazards approach to planning and preparation that builds capabilities that can be applied to a wide variety of incidents. States and urban areas use capabilities-based planning to identify a baseline assessment of their homeland security efforts by comparing their current capabilities against the Target Capabilities List (TCL) and the critical tasks of the Universal Task List (UTL). This approach identifies gaps in current capabilities and focuses efforts on identifying and developing priority capabilities and tasks for the jurisdiction. These priority capabilities are articulated in the jurisdiction's homeland security strategy and Multiyear Training and Exercise Plan, of which this exercise is a component.

The capabilities listed here have been selected by the Exercise Planning Team. The purpose of this exercise is to measure and validate performance of these capabilities and their associated critical tasks.

The selected capabilities are:

- Communications
- Community Preparedness and Participation
- Emergency Operations Center Management
- Emergency Triage and Pre-Hospital Treatment
- Fatality Management
- Medical Surge
- Volunteer Management

Overall Objectives

- Information Systems
 - Assess the ability of all critical healthcare facilities to use the appropriate systems in the ESF 8 Portal to provide status information within the requirements published by State ESF 8 officials.
 - Assess the ability of the Data Cell to organize and obtain missing status data from facilities failing to report.
 - Assess the ability of the respective associations to support data collection from facilities in coordination with the Data Cell
 - Assess the ability of facilities to report significant events (such as power loss or fuel shortages) and to support patient evacuations in the appropriate ESF 8 systems.
 - Assess the ability of ESF 8 leadership to use the appropriate ESF 8 systems to communicate with facilities and other stakeholders, including decision-making groups for patient evacuation.
 - Assess the ability of Regional ESF 8 teams to use appropriate ESF 8 systems to support patient evacuation activities at Aeromedical Marshaling Points and other venues.
 - Assess the ability of the Data Cell to communicate significant information on demand to the ESF 8 leadership, using the appropriate ESF 8 systems and tools.
 - Assess the ability of LERN and other ESF 8 coordinators to effectively use the appropriate ESF 8 systems to effectively execute their responsibilities.
- Mass Casualty/LERN Protocol Testing and Medical Surge
 - Assess LERN protocol and applicability for the potential mass casualty situation.
 - Assess the affected hospitals' ability to demonstrate surge capacity reporting.

- **Patient Tracking and Medical Surge**
 - Assess the ability of hospitals, nursing homes and adult residential care facilities to effectively implement patient tracking for patient reception and status reporting during the exercise.
- **Emergency Operations**
 - Demonstrate the ability to activate, staff, and operate the GOHSEP¹ State ESF 8 EOC team
 - Demonstrate the ability to activate, staff and operate the ESF 8 Data Cell.
 - Demonstrate the ability to activate, staff, and operate Aero-medical Marshaling Points in selected areas.
- **Communications**
 - Assess the ability of ESF-8 to establish and maintain communications with and disseminate information to critical healthcare facilities using appropriate ESF 8 systems.
- **Volunteer Management**
 - Assess and demonstrate the ability for Region 7 hospitals to request volunteers from the ESF8 system and LAVA.

Exercise Structure

This exercise will be a multimedia, facilitated exercise. Players will participate in one module that begins pre-landfall at H-96 hours. The exercise will span 1.5 days, and each day will begin with a briefing summarizing key events that will be occurring that day.

¹ GOHSEP = Governor's Office of Homeland Security and Emergency Preparedness

Exercise Schedule

Time	Personnel	Activity
June 4, 2013		
9:00 AM	Controllers, evaluators, and Exercise Planning Team members	Controller and Evaluator Briefing
June 25, 2013		
8:00 AM	Selected controllers and exercise staff members	Exercise site setup
8:15 AM	Controllers and evaluators	Check-in
8:20 AM	Participants (players, observers, actors)	Registration
8:30 AM	Controllers and evaluators	Communications check
8:45 AM	Participants	Participant briefings
8:55 AM	All	Report to various locations
9:00 AM	All	Start of exercise (StartEx)
4:00 PM	All	End of Day 1
June 26, 2013		
8:30 AM	All	Start of Day 2
12:00 PM	All	End of exercise (EndEx)
1:00 PM	Participants, controllers, and evaluators	Hot Wash
June 26, 2013		
3:00 PM	Controllers, evaluators, and Exercise Planning Team members	Controller and Evaluator Debriefing
July 11, 2013		
9:00 AM	Any Exercise participant, controller, evaluator, planner	AAR Conference

General Background

The basic scenario for this exercise is a multi-day hurricane that spans about 60 hours from H-96 to H-36. The general forecast is for landfall of a Category 3 hurricane along the central and southeast coast of Louisiana. As a result of high confidence in this forecast, GOHSEP Crisis Action Team is activated along with full activation of the State Emergency Operations Center (EOC). All Emergency Support Functions (ESFs) and staff are activated and asked to begin manning the EOC on a 24-hour basis.

GOHSEP has established twice-daily Unified Command Group briefings with the first starting at 10:00 AM and the second starting at 5:00 PM each day. Following are the basic actions that are planned for execution:

- Some evacuations of healthcare facilities (hospitals and nursing homes) will occur.
 - Hospital evacuations are planned through both the Department of Defense and the FEMA/AMR Aero-Medical Marshaling Points (AMPs).
- The State CTNS² system will be evacuated and ESF 1 and ESF 6 will evacuate some residents out of the New Orleans area to the State Mega-Shelter.
- The impact of pre-landfall storm effects will cause some power failures at critical healthcare facilities, requiring the use of generators along with potential resource requests for fuel and generator replacements.

Key Scenarios

There are several key scenarios and injects that will occur during the exercise. These are summarized below:

Mass Casualty/Mass Fatality Incident

At approximately H-54 on Day One of the Exercise two CTNS buses, carrying evacuees from the Region 1 area, will crash on I-49 near Bunkie, LA. The incident is a major accident that causes both vehicles to burn and almost all passengers to suffer major injuries. Approximately 35 to 40 passengers are dead at the scene.

Local EMS units respond to the accident, accompanied by local law enforcement and the Louisiana State Police. One of the EMS unit Paramedics first on scene assumes Incident Command for patient triage and routing. All EMS units in the area are dispatched to transport the injured to hospitals in the Region 4 and 6 areas. The EMS Incident Commander notifies the Louisiana Emergency Response Network (LERN) and begins coordinating patient transport with LERN. LERN will use the ESF 8 Resource Management system to gain visibility into available hospital resources statewide and use that visibility to assist the EMS units in patient routing.

² CTNS = Critical Transportation Needs Shelter

In consultation with the local coroner and the EMS Incident Commander, LERN contacts the State ESF 8 to activate the Mass Fatality DRC network. The local coroner, with assistance from the Mass Fatality DRC network, develops a concept of operations to manage the large number of fatalities.

At the request of the local coroner and the State ESF 8, the Louisiana State Police (LSP) assist in taking the lead on identification of missing persons as large numbers of calls start to come into local law enforcement, local hospitals, and the coroner's office. News media begins to arrive on the scene requesting information on the injured and dead. LSP coordinates with ESF 1 and ESF 6 to obtain the manifests for the buses and provide this information to the coroner. Part of the concept of operations is the planning for a family assistance center (FAC) to manage inquiries from victim's families and the news media. The FAC will also house ante-mortem data collection activities necessary to identify the deceased, many of whom are burned beyond recognition.

Patient Movement

The risk assessment for the approaching storm has caused ESF 8 to activate the Medical Institution Evacuation Plan (MIEP) for the evacuation of hospital patients from facilities in high-risk areas. This begins at H-72 on Day One of the exercise with a simulation of the H-72 Conference Call. As a result of this call, the decision is made to activate Aero-Medical Marshaling Points (AMPs) at the Lakefront Airport, the Houma-Terrebonne Airport, and the St. Tammany Airport.

High-risk hospitals will implement their evacuation plans, part of which involves uploading their remaining patient census into the At Risk Registry, indicating which of those patients will evacuate through the MIEP. Both the Department of Defense (DoD) and the AMR AMP operations will be deployed.

Hospitals will upload their patient lists, providing the required information for patient movement by DoD or AMR, and Hospital DRCs will assist in reviewing the data for completeness. The State ESF 8 will generate Patient Movement Requests (PMRs) and forward them to DoD and AMR, both of whom will create transportation plans for the evacuating patients.

The DoD plans include the creation of a manifest document for ESF 8 that is uploaded into the At Risk Registry. Evacuating hospitals and the Hospital DRCs will use this manifest to plan for patient transport to the DoD AMP.

The AMR plans include the review of the patient data, on-site evaluation of the evacuating patients at each facility by two-man teams, and entry of evacuation data into the JPATS system. AMR and the federal patient movement teams will use JPATS to track their evacuating patients, and the data will be transmitted to the At Risk Registry for visibility by the hospitals, DRCs, and the State ESF 8.

In addition to hospital patient movement, a number of nursing homes and adult residential care programs will also evacuate residents. These facilities will use EMSTAT to track patient movement, and they will request ground transport assets as needed from ESF 8.

The Data Cell will use the hospital patient data in the At Risk Registry and the nursing home/adult residential care program data in EMSTAT to brief ESF 8 leadership on total patient movement activities.

Volunteer Management Scenario

On Day 2, 100 inpatient evacuees have arrived at a Region 7 hospital(s) “A” with minimal nursing staff overwhelming hospital “A’s” staff capability. After exhausting local and regional resources, a request is made to the hospital DRC for additional Registered Nurse assistance from ESF8.

The hospital DRC communicates the request to the GOHSEP EOC staff, and the DHH EOC is tasked with instituting a LAVA request for volunteers. Upon receiving some volunteer offers, the LAVA staff communicates with the Region 7 stakeholders about receiving and managing volunteers.

ESF 8 System Business Continuity Scenario

On Day 2, we will shut down all ESF 8 Production systems to simulate a system failure and execute our Business Continuity Plan. The Critical Support Team will be activated to manage this incident, and the Venyu team will execute the fail-over and restoration processes.

Please note that this will be treated as a separate exercise. It is mentioned here as it will be contiguous with the end of the main exercise.

We will use the Messaging module to warn all facilities statewide that the Portal systems may be unavailable for several hours. This will be a realistic simulation as we are using Production systems. The reason for this is that we only mirror Production, and the cost of setting up mirroring and replication for the QA system is prohibitive. In addition, it will be a realistic test as the QA systems are not configured to match Production.

Situation Points by Scenario

Event #	Start Date	Start Time	End Date	End Time	H-Hour	Category	Place	Event
Before Day 1								
1	Jun 24	10:00 AM	Jun 24	10:15 AM	H-96	Activation	ESF 8	GOHSEP EOC Notification Message
2	Jun 24	10:30 AM	Jun 24	10:45 AM	H-96	Activation	ESF 8	Data Cell Notification Message
3	Jun 24	10:45 AM	Jun 24	11:00 AM	H-96	Activation	ESF 8	Facility Activation Message
Exercise Day 1								
4	Jun 25	8:00 AM	Jun 25	8:15 AM	H-80	Exercise Logistics	GOHSEP	Briefing Day 1
5	Jun 25	8:30 AM	Jun 25	8:30 AM	H-80	Exercise Logistics	GOHSEP	Start Exercise Day 1
6	Jun 25	9:00 AM	Jun 25	9:30 AM		Facility Reporting	Data Cell	Facility Reporting Requirements
7	Jun 25	9:30 AM	Jun 25	9:45 AM		Activation	Data Cell	Notification to Facilities for Reporting Requirements
8	Jun 25	10:00 AM	Jun 25	4:00 PM	H-64	Facility Evacuation Planning	Field	Nursing homes begin to upload patients to EMSTAT
9	Jun 25	10:00 AM	Jun 25	4:30 PM		Facility Reporting	Data Cell	Data Cell begins monitoring compliance
10	Jun 25	10:15 AM	Jun 25	10:30 AM	H-72	H-72 Hour Call	GOHSEP	H-72 Hour Conference Call
11	Jun 25	10:30 AM	Jun 25	4:00 PM		Power Outages	Field	Facilities begin reporting power outages
12	Jun 25	11:00 AM	Jun 25	2:00 PM	H-64	Facility Evacuation Planning	Field	Hospitals begin upload of patients to ARR
13	Jun 25	11:30 AM	Jun 25	4:00 PM		Power Outages	Field	Facilities begin requesting fuel
14	Jun 25	11:30 AM	Jun 25	4:00 PM		Facility Reporting	Field	Facilities call to request assistance with data entry
15	Jun 25	12:00 PM	Jun 25	3:00 PM	H-70	Patient Movement	Field	AMP activation in Regions 3 and 9
16	Jun 25	1:00 PM	Jun 25	1:15 PM		Data Cell	GOHSEP	Leadership requests briefing from Data Cell for 3pm UCG
17	Jun 25	1:00 PM	Jun 25	2:00 PM	H-60	Facility Evacuation Planning	Field	Nursing home requests assistance evacuating
18	Jun 25	1:00 PM	Jun 25	4:00 PM		Power Outages	Field	Facilities request replacement generators
19	Jun 25	1:00 PM	Jun 25	4:00 PM	H-60	Facility Evacuation Planning	Field	Nursing homes report the start of evacuations
20	Jun 25	1:00 PM	Jun 26	11:00 AM	H-54	Mass Casualty	GOHSEP	Mass Casualty incident begins in Region 6
21	Jun 25	2:00 PM	Jun 25	2:15 PM	H-52	Mass Fatality	GOHSEP	Mass Fatality group responds to 35 mass casualty deaths in Region 6
22	Jun 25	2:30 PM	Jun 26	11:45 AM	H-58	Facility Evacuation Planning	Field	Hospitals complete patient uploads
23	Jun 25	1:15 PM	Jun 25	3:00 PM		Data Cell	Data Cell	Data Cell produces UCG Briefing
24	Jun 25	3:00 PM	Jun 25	4:00 PM	H-58	Patient Movement	Field	DRCs review patient data in ARR
25	Jun 25	3:30 PM	Jun 25	4:00 PM	H-58	Patient Movement	GOHSEP	State ESF 8 reviews patient data in ARR

Event #	Start Date	Start Time	End Date	End Time	H-Hour	Category	Place	Event
26	Jun 25	3:40 PM	Jun 25	4:00 PM	H-57	Patient Movement	GOHSEP	State ESF 8 produces Form 1s for evacuating hospitals
27	Jun 25	4:00 PM	Jun 25	4:00 PM	H-56	Exercise Logistics	GOHSEP	End Exercise Day 1
Exercise Day 2								
28	Jun 26	8:00 AM	Jun 26	8:15 AM		Exercise Logistics	GOHSEP	Briefing Day 2
29	Jun 26	8:15 AM	Jun 26	8:15 AM	H-56	Exercise Logistics	GOHSEP	Start Exercise Day 2
30	Jun 26	8:15 AM	Jun 26	10:00 AM	H-55	Power Outages	Field	Facilities call to request assistance with data entry
31	Jun 26	8:15 AM	Jun 26	10:00 AM	H-55	Power Outages	Field	Facilities report power restorations and continuing outages
32	Jun 26	8:15 AM	Jun 26	10:00 AM	H-55	Volunteer Management	Field	Region 7 DRC requests support from LAVA for additional hospital staff
33	Jun 26	8:15 AM	Jun 26	10:00 AM	H-55	Patient Movement	GOHSEP	State ESF 8 submits PMRs and receives manifests from JPATS
34	Jun 26	8:15 AM	Jun 26	10:00 AM	H-55	Patient Movement	GOHSEP	State ESF 8 submits PMRs and receives manifests from TPMRC
35	Jun 26	9:00 AM	Jun 26	9:15 AM	H-54	Data Cell	GOHSEP	Leadership requests briefing from Data Cell for 11am UCG
36	Jun 26	9:15 AM	Jun 26	10:45 AM	H-52	Data Cell	Data Cell	Data Cell produces UCG Briefing
37	Jun 26	10:00 AM	Jun 26	11:00 AM	H-52	Patient Movement	Field	Simulated Patient Movement
38	Jun 26	10:30 AM	Jun 26	10:45 AM	H-50	Data Cell	GOHSEP	Leadership requests additional information after UCG
39	Jun 26	10:45 AM	Jun 26	11:45 AM	H-48	Data Cell	GOHSEP	Data Cell produces report/data for Leadership
40	Jun 26	10:45 AM	Jun 26	11:45 PM	H-36	Patient Movement	GOHSEP	JPATS begins to report patient movement and location
41	Jun 26	12:00 PM	Jun 26	12:00 PM		Exercise Logistics	GOHSEP	End Exercise Day 2